

KANSAS STATE BOARD OF PHARMACY
800 SW JACKSON, ROOM 1414
TOPEKA, KS 66612
(785) 296-4056
FAX (785) 296-8420

FEE: 12.00

FOR OFFICE USE ONLY

REG NUMBER: _____

DATE: _____

APPLICATION FOR RETAIL DEALER

This application is being made for the following reasons: (Please check all that may apply.)

___New Store ___Change of Address ___Change of Ownership

Print or type name and PHYSICAL address (Include zip code.):

Name of Store

Address

City State Zip Telephone Number County

Contact Person Telephone Number

E-mail Address

Name of Owner

Address

City State Zip Telephone Number

Please send renewal information to:

___Store ___Owner ___Other_____

Application is hereby made to the Kansas State Board of Pharmacy for the Retail Dealer's Permit to sell health care products as provided in K.S.A. 65-1643 (f) and K.S.A. 65-1645 of the Kansas Pharmacy Act.

Fee for New Permit -- \$12.00; registration will expire ANNUALLY on the last day of February and such registration will be cancelled if not renewed by March 31st. Fee will not be prorated.

Signature of Proprietor or Manager

Date